

# HEALTH INFORMATION FORM

## SUPER-VITALITY INSTITUTE

800 BROAD STREET  
Newark, New Jersey

Note: Please write plainly. It is preferable to print your name and mention whether Mr., Mrs. or Miss. Fill out all measurements as shown by illustrations below. This information will enable us to better understand your present condition. Men will give measurements for parts of the body as shown by illustration on the right and women by illustration on the left.

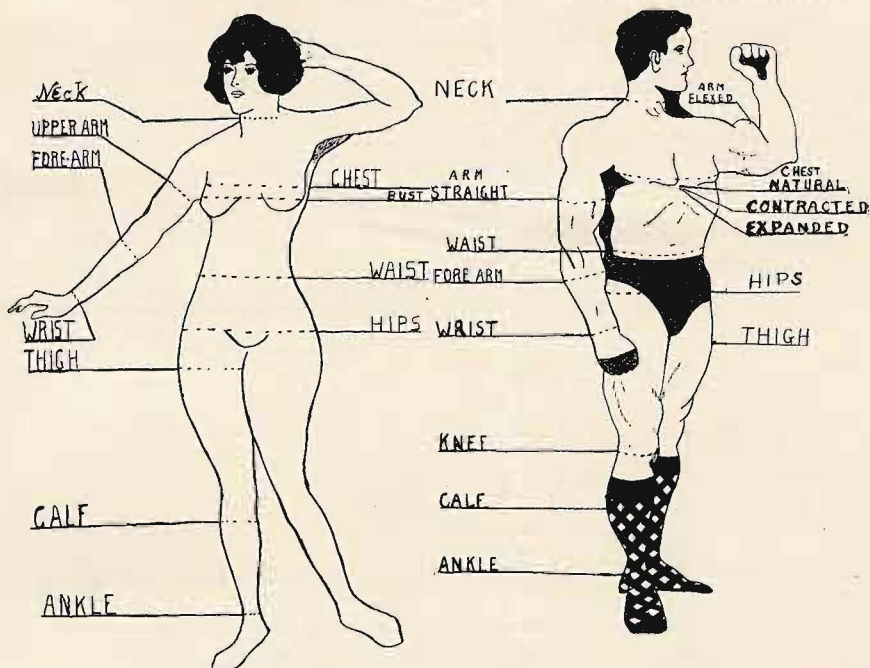
Date\_\_\_\_\_

Name in full \_\_\_\_\_

Address \_\_\_\_\_

City or Town \_\_\_\_\_

County\_\_\_\_\_ State\_\_\_\_\_



Neck _____ inches	Wrist _____ inches	Calf _____ inches
Biceps _____ "	Waist _____ "	Ankle _____ "
Chest _____ "	Hips _____ "	Weight _____ pounds
Bust _____ "	Thigh _____ "	Height _____ inches
Forearm _____ "	Knee _____ "	Age _____ years

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## SUPER-VITALITY

## HEALTH AND STRENGTH

You are now taking the first step towards Better Health and Strength. Whatever your ailment or defect that is keeping you back, SUPER-VITALITY will enable you to overcome them and to obtain perfect Health and Strength with corresponding symmetrical development

*Please study your present condition carefully and answer each question to the best of your ability. It should interest you very much to analyze your condition and take inventory of your ailments and shortcomings. By filling out the questions it will enable us to plan suitable instructions and tell you how you may enjoy life better and live healthier. A medical examination is not necessary in order to fill out this form. Remember that all correspondence will be held strictly confidential.*

What is your occupation?.....Married or single?.....

Are you strong or weak?.....Are cheeks pale?.....

Do you enjoy your work?.....Are you drowsy, tired or run down?.....

Are you constipated?.....Are passages hard or soft?.....

How often do you go to stool?.....

Do you use drugs or laxatives to move your bowels?.....

Is your digestion good or poor?.....

Has breath bad odor?.....Is tongue coated?.....

Is complexion clear or muddy?.....Any pains in back?.....

Is urine scanty or abundant?.....Are you bilious?.....

Is your appetite good?.....How many meals daily?.....

What do you chiefly have at breakfast?.....

At noon meal?.....

At evening meal?.....

How is your heart?.....Lungs strong or weak?.....

Any catarrh of nose or throat?.....Cough frequently?.....

Are you subjected to colds?.....Hands and feet cold?.....

Do you get tired on least exertion, climbing stairs, etc.?.....

Do your arms or legs get numb or "go to sleep"?.....

Are you unfriendly, despondent, suspicious or distrustful?.....

Do you get angry at the least provocation?.....

How far do you walk daily?.....

How far could you walk ordinarily without getting tired?.....

How many hours do you sleep each night?.....Do you rest well?.....

Do you awake tired or refreshed?.....

Do you sleep with the windows open or closed?.....

Do you feel vital and youthful or do you feel "old"?.....

Have you ever had a surgical operation?.....

Do you wish to obtain greater strength and physical development?.....

Is your memory good or poor?.....Do you crave sweets?.....

Are you irritable or grouchy?.....Do you eat fast?.....

How much water do you drink daily?.....

Do you take any drinks at mealtime?.....Hot or cold?.....

Do you suffer from lack of ambition, fear or depressed spirits?.....

Do you wish to increase your will power?.....

Are you too thin?.....Are you too fleshy?.....

Do you wish to gain weight?.....Do you wish to lose weight?.....

Do you use tobacco?.....How much daily?.....

Do you drink coffee?.....How much daily?.....

Do you drink tea?.....How much daily?.....

How are your teeth; are they in good condition?.....

What are your bathing habits and do you use hot or cold water?.....

Do you ever exercise?.....What kind?.....

Do you walk erect or hunched over?.....

What part of the body do you especially wish to reduce or increase?.....

What do you especially wish to accomplish through SUPER-VITALITY?.....

Are you strong or weak sexually?.....

Did you ever practice self-abuse?.....

Have you discontinued the habit?.....

Women will please mention here any menstrual difficulties or other irregularities .....



Please study the following list of ailments very carefully, checking those that affect you. Return this to us and we will give the matter our close attention. We will study your case and will write you a personal letter and tell you just what we can do for you.

We will outline a course in SUPER-VITALITY which we guarantee will enable you to overcome all your ailments and make you a Vigorous, Healthy and Vital individual. The fee for our course in SUPER-VITALITY is very small compared to the results you will obtain therefrom. In order to give to as many as possible of those who need our help in the rebuilding of Health, Mind and Body, we have decided upon as low a fee as is possible to do business and to carry on this work of helping all humanity. It is not a question of making money with us, but rather one of altruism, of serving mankind.

To show the best evidence of our sincerity in helping you, we guarantee that you will obtain beneficial results or your money will be cheerfully refunded.

Could you ask for more than we promise?

..Acne	..Anemia	..Absent Menstruation
..Appendicitis	..Asthma	..Auto-Intoxication
..Biliousness	..Bronchitis	..Bust Development
..Blackheads	..Bad Blood	..Bunions and Corns
..Brain Fag	..Catarrh	..Change of Life
..Bright's Disease	..Colds	..Dysentery
..Consumption	..Childbirth	..Enlarged Pores
..Constipation	..Dandruff	..Fallen Womb
..Despondency	..Deformity	..Female Disorders
..Dyspepsia	..Dizziness	..Gonorrhea
..Emaciation	..Dropsy	..Gall Stones
..Epilepsy	..Eczema	..Healthy Children
..Flat Chest	..Fallen Arches	..Heart Weakness
..Gastritis	..Fits	..Increased Height
..Head Noises	..Flat Feet	..Irregular Menstruation
..Impotency	..Freckles	..Kidney Trouble
..Indigestion	..Hay Fever	..Loss of Hair
..Masturbation	..Headaches	..Loss of Memory
..Neuritis	..Hives	..Liver Trouble
..Neuralgia	..Insomnia	..Muscle Twitching
..Nervousness	..Lumbago	..Muscular Development
..Prostatitis	..Paralysis	..Night Losses
..Rheumatism	..Pimples	..Obesity
..Sciatica	..Piles	..Poor Circulation
..Sacret Habit	..Rupture	..Poor Complexion
..Self-Abuse	..Scrofula	..Painful Menstruation
..Stammering	..Stricture	..Round Shoulders
..Shingles	..Scurvy	..Sallow Skin
..Short Wind	..Thinness	..Sexual Weakness
..Sterility	..Tumors	..Skin Diseases
..Varicocele	..Weak Eyes	..Stomach Troubles
..Weak Lungs	..Weak Back	..Vital Depletion
..Wakefulness	..Wrinkles	..Varicose Veins

Address all communications to

**SUPER-VITALITY INSTITUTE, NEWARK, NEW JERSEY**